

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



August 17, 2016

Mr. Rich Todd, EMS Administrator
El Dorado County EMS Agency
2900 Fair Lane Court
Placerville, CA 95667

Dear Mr. Todd:

This letter is in response to your 2014 El Dorado County EMS Plan Update submitted to the EMS Authority on April 10, 2015.

I. Introduction and Summary:

The EMS Authority has concluded its review of El Dorado County's 2014 EMS Plan Update and cannot approve the plan as submitted.

II. History and Background:

El Dorado County's last full EMS Plan was the 2011 submission, which is currently in the appeal process. El Dorado County received its last annual Plan Update approval for its 2010 plan.

El Dorado County has inconsistently submitted EMS Plans to the EMS Authority. Historically, we have received EMS Plan documentation from El Dorado County for the following years: 1998, 2006, 2007, 2010, 2011, and most recently, its 2014 plan submission. California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&SC § 1797.105(b). Due to the pattern of inconsistent EMS Plan submissions,

an ongoing assessment of the EMS system in El Dorado County has been difficult and, therefore, has delayed this review.

III. Analysis of EMS System Components:

Following are comments related to the plan review. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations, H&S Code § 1797.254, and the EMS system components identified in H&S Code § 1797.103, are indicated below:

A. ☒ ☐ System Organization and Management

1. Table 2 (System Organization and Management)

- In the next plan submission, please include an organization chart of the Local EMS Agency (LEMSA), and a county organization chart indicating how the LEMSAs fit within the county/multicounty structure.

B. ☒ ☐ Staffing/Training

1. Table 3 (Staffing/Training)

- Please attempt to obtain the number of public safety (defibrillation) certified (non-EMT-I) and provide in the next plan submission.

C. ☒ ☐ Communications

D. ☐ ☒ Response/Transportation

1. Requests for Proposal Processes

CSA #3 – South Shore: In the El Dorado County Health and Human Services Agency letter dated June 24, 2013, you stated: “EMSA has changed its position with regard to both CSA #3 and CSA #7 and the County’s use of the public utility model (PUM) to provide emergency medical services (EMS) within the County.” “Although the county submitted the 2001 RFP as part of its EDC 2001, it did so

only in an abundance of caution and not because it was required to do so."

- The Authority acknowledges that it approved the El Dorado County 2000 EMS Plan and RFP #11-0073, but the RFP did not indicate the provisions that the county was awarding the zone to itself. In any case, the county cannot award itself an area or subarea on its own solicitation. For this reason, the Response/Transportation section of the EMS Plan is not approved.
- In a letter dated April 25, 2011, from the Authority to Patricia Beck, the Authority stated *"[t]he current proposal, RFP #11-0073, states that the County may convey market rights to itself and declares itself as being the exclusive emergency ambulance operator in CSA #3. As previously stated, since the County did not submit a proposal in the bid for the exclusive operating area, the County of El Dorado cannot designate itself as the exclusive provider for these services through a performance contract with the successful bidder. As currently written, RFP #11-0073 would not be approved by the Authority and the El Dorado County EMS Agency may potentially be open to suit without state action immunity under federal antitrust laws provided for under Health and Safety Code 1797.6."*
- In El Dorado County's letter dated June 24, 2013, you stated *"[t]he County adopted the public utility model by action of the Board of Supervisors and EMSA has cited no authority for its alleged ability to override local policy decisions."* If it is your contention that you have adopted a "public utility model" for the provision of EMS services, then the information substantiating that process was not tendered with your latest EMS plan. Therefore, please provide documentation to support your claim that such process was completed according to California Public Utilities Code, Division 3, Chapter 1, Article 1 (commencing at Section 6001). Additionally, the provisions of State statutes override local ordinances or policy decisions when they are in conflict. If you believe that El Dorado County Local ordinances

or Board of Director's decisions are not in conflict with the state EMS Act, please state the basis for this conclusion.

- Further, in your letter you stated: “[a]lthough the county submitted the 2001 RFP as part of its EDC 2001, it did so only in an abundance of caution and not because it was required to do so.” Pursuant to the H&S Code § 1797.254, a local EMS agency is required to annually submit in its EMS plan exclusivity information for the ambulance zones within its jurisdiction.
- H&S Code § 1797.76: “‘Emergency medical services plan’ means a plan for the delivery of emergency medical services consistent with state guidelines addressing the components listed in Section 1797.103.”
- H&S Code § 1797.224: “A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals.” El Dorado County did not obtain pre-approval of the last RFP from the EMS Authority.

2. Butte County Decision

The Butte County decision (County of Butte v California Emergency Medical Services Authority (2010) 187 Cal. App. 4th 1175) is illustrative of your transportation issue. Some pertinent parts from the decision state:

- “Section 1797.224 unambiguously authorizes a local EMS agency to create one or more EOAs in the development of a local plan if either (1) a competitive process is used to select the exclusive providers, or (2) the local plan continues the use of the existing providers operating within a local EMS area in a manner and scope in which the services have been provided without interruption since January 1, 1981. If the local EMS agency creates EOAs in the

development of a local plan, such agency must submit to the Authority for its approval the competitive process used for selecting the exclusive providers and determining the scope of their operations."

- *"Given a literal reading, section 1797.224 would require the local EMS agency to submit to the Authority for its approval the competitive process used to select the exclusive providers even if the local EMS agency chose to continue using existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981."*

For these reasons, the Response/Transportation section of the EMS Plan is not approved.

- E. ☒ ☐ Facilities/Critical Care
- F. ☒ ☐ Data Collection/System Evaluation
- G. ☒ ☐ Public Information and Education
- H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, El Dorado County's 2014 EMS Plan Update is not approved. Pursuant to H&S Code § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within fifteen days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be

heard before the Office of Administrative Hearings. As the issues regarding this plan disapproval and the current appeal of your 2011 plan submission are essentially the same, if you desire to appeal the EMS Authority will move to consolidate the separate appeals into one hearing for all issues.

El Dorado County's next annual EMS Plan submission will be due on or before August 31, 2017.

If you have any questions regarding the plan determination, please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel R. Smiley". The signature is fluid and cursive, with a long horizontal stroke at the end.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

**California Code of Regulations
TITLE 22. SOCIAL SECURITY
DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES
CHAPTER 13. EMS System Regulations**

§ 100450.100 . Appeal Proceedings to the Commission

(a) Any proceeding by the Commission to hear an appeal of a local emergency medical services agency's (LEMSA) emergency medical services (EMS) plan, pursuant to Health and Safety Code, Section 1797.105, shall be conducted in accordance with the provisions of the Administrative Procedure Act, Government Code, Section 11500 et seq, and its associated regulations as contained in Title 1 of the California Code of Regulations.

(b) The Office of Administrative Hearings, using an administrative law judge, shall hold a public hearing and receive evidence according to the Administrative Procedures Act.

(c) The administrative law judge, in making a proposed decision to the Commission, shall only make a recommendation as described in Section 1797.105(d) of Division 2.5 of the Health and Safety Code to:

(1) sustain the determination of the authority, or

(2) overrule the determination of the authority and permit local implementation of the plan.

(d) Upon receipt of the Proposed Decision and Order from the Office of Administrative Hearings, the Commission shall calendar a discussion and vote regarding the proposed decision at the next regularly scheduled Commission meeting.

(e) The Commission shall permit public comment concerning the proposed decision pursuant to the Bagley-Keene Open Meeting Act.

(f) The Commission's vote on the proposed decision is limited to the following:

(1) adopt the administrative law judge's proposed decision, or

(2) not adopt the administrative law judges proposed decision, or

(3) return the proposed decision to the office of Administrative Hearings for re-hearing.

(g) The decision by the Commission shall be by simple majority vote of a quorum of those members present at the meeting where the proposed decision is scheduled as an agenda item.

Effective April 1, 2016

(h) Costs of the administrative hearing shall be borne equally by the parties. Costs shall not include attorney's fees.

Authority Cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.105 and 1797.254, Health and Safety Code; and Section 11517(c)(2)(D), Government Code.

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.
Director

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Chris Weston
Program Manager II

931 Spring Street
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April 10, 2015

Howard Backer, MD, MPH, FACEP
Director
California Emergency Medical Services Authority
10901 Gold Center Dr., Suite 400
Rancho Cordova, CA 95670

RE: El Dorado County EMS Plan and Trauma Plan Updates

Dear Dr. Backer,

Enclosed, please find the EMS Plan and Trauma Plan updates for El Dorado County. The updated plans are the result of an extensive review by the system partners and reflect recent improvements in the delivery of EMS services. Additionally, the EMS Agency has developed a written EMS Quality Improvement (QI) Program, as required by Title 22 §100404., that is currently under final review. I anticipate that the written EMS QI Program will be approved at the May 13, 2015, Continuous Quality Improvement Committee (CQIC) meeting. Once approved, I will forward the written EMS QI Program to the EMS Authority.

We are requesting the EMS Authority review and approval of both updated plans. If you have any questions, please contact me directly at (530) 621-6505 or via email at richard.todd@edcgov.us.

Sincerely,

Richard Todd, Administrator
El Dorado County EMS Agency

Enclosure

cc: Don Ashton, Director, Health and Human Services Agency
Kay Ann Markham, Deputy County Counsel
Christopher Weston, Program Manager II
David Brazzel, M.D., EMS Agency Medical Director
File

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

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April 28, 2015

Mr. Jeff Schultz
EMS Systems Division
California Emergency Medical Services Authority
10901 Gold Center Dr., Suite 400
Rancho Cordova, CA 95670

RE: 2014 EMS Plan Update Executive Summary

Dear Jeff,

I am providing the following Executive Summary that identifies the major needs which have been found and a summary of the proposed solutions. I have also included changes which have occurred in the system during 2014.

The most significant change to the system was the implementation of an Electronic Prehospital Care Reporting (EPCR) system for all El Dorado County ALS Service Agencies. The implementation of the EPCR System created several efficiencies in the EMS system, but not without experiencing several documentation and reporting problems. The EMS Agency is working collaboratively with all of the EMS system partners to repair or replace the current EPCR System. It is the intention of the EMS Agency to ensure that a comprehensive EPCR system is created that will provide robust, all inclusive, documentation and reporting features.

Additional changes to the EMS System included, both County located hospitals actively working towards Emergency Department Approved for Pediatrics (EDAP) certification, developing an EMS Agency CQI Plan in accordance with Title 22 § 100404 that will utilize Core Measure Data from the EPCR system, updating all ALS Service Agency CQI Plans, and working with Region IV RDHMS to encourage an update to the Region IV Multi-Casualty Incident (MCI) Field Operations Manual. Additionally, during the 2013 – 2014 update, Barton Memorial Hospital was actively pursuing certification as a Level III Trauma Center. Completion of Barton's Level III verification will be identified in the 2014 - 2105 EMS Plan and Trauma Plan Updates.

Should you have any questions, I can be contacted directly at (530) 621-6505 or via email at richard.todd@edcgov.us.

Sincerely,

A handwritten signature in blue ink that reads "Richard W. Todd". The signature is fluid and cursive, with the first name "Richard" being more prominent than the last name "Todd".

Richard Todd, Administrator
El Dorado County EMS Agency

cc: Don Ashton, Director, Health and Human Services Agency
Kay Ann Markham, Deputy County Counsel
Christopher Weston, Program Manager II
David Brazzel, M.D., EMS Agency Medical Director
File

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSAs Structure		X	None		
1.02 LEMSAs Mission		X	None		
1.03 Public Input		X	None		
1.04 Medical Director		X	None		
Planning Activities:					
1.05 System Plan		X	None		
1.06 Annual Plan Update		X	None		
1.07 Trauma Planning		X	X		X
1.08 ALS Planning		X	None		
1.09 Inventory of Resources		X	None		
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X	None		
1.13 Coordination		X	None		
1.14 Policy & Procedures Manual		X	None		
1.15 Compliance w/Policies		X	None		
System Finances:					
1.16 Funding Mechanism		X	None		
Medical Direction:					
1.17 Medical Direction		X	None		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Communications Equipment:						
3.01	Communication Plan		X	X		
3.02	Radios		X	X		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	None		
4.04 Prescheduled Responses		X	None		
4.05 Response Time		X	X		
4.06 Staffing		X	None		
4.07 First Responder Agencies		X	None		
4.08 Medical & Rescue Aircraft		X	None		
4.09 Air Dispatch Center		X	None		
4.10 Aircraft Availability		X	None		
4.11 Specialty Vehicles		X	X		
4.12 Disaster Response		X	None		
4.13 Intercounty Response		X	X		
4.14 Incident Command System		X	None		
4.15 MCI Plans		X	None		
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X	None		
4.20 "Grandfathering"		X	None		
4.21 Compliance		X	None		

4.22	Evaluation		X	None		
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E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols		X	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None	X	
6.11	Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.27	The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based upon community needs and utilization of appropriate resources, which determines: a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide guidance in completing the requirements identified in EMSA Publication #182 (Administration, Personnel and Policy for the Care of Pediatric Patients in the Emergency Department)	Continue to review and evaluate pediatric critical care. Work with both Base Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).
3.10	The local EMS system shall have functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Narrowbanding for all MedNet Frequencies was completed in December of 2012.	Continue to monitor ambulance communications during periods of peak demand.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.10	<p>Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:</p> <ul style="list-style-type: none"> a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other critical care centers, d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertiary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric critical care hospitals including those which are outside of the primary triage area, and g) a plan for monitoring and evaluation 				<p>We are encouraging both Acute Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).</p>	<p>Work with both Base Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.12	In planning its pediatric emergency medical and critical care system, the local EMS agencies shall ensure input from the prehospital and hospital providers and consumers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We are encouraging both Acute Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).	Work with both Base Hospitals, prehospital agencies and consumers to assist in EDAP certification process.
6.01	The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider-based QI/QA programs and shall coordinate them with other providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We have received our first set of Core Measures for evaluation by the EDC CQI Committee. We are working on collecting and using Core Measure Data in accordance with EMSA Publication #166.	Continue the comprehensive continuous quality improvement plan for County of El Dorado EMS system evaluation and enhancement. Compile EMS data from all system participants, analyze data and identify trends, and implement action plans as required for future system wide quality improvement initiatives. Work on collecting and using Core Measure Data in accordance with EMSA Publication #166.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.06	The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.				We are developing and implementing a written CQI Program as outlined CCR § 100404. Additionally, we will be providing an annual updated CQI Program to the EMS Authority in accordance with Title 22 § 1000404. utilizing Core Measure data as listed in EMSA #166.	Evaluate and report on the status of EMS system resources and operations through the annual update of the EMS Plan and Trauma Plan. Provide an annual updated CQI Program to the EMS Authority in accordance with Title 22 § 1000404 utilizing Core Measure data as listed in EMSA #166.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.06	The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Update from CD MOM to Public Health and Medical Emergency Operations Manual.	Specific components of the OES Region IV disaster plan address requests for assistance from agencies outside the County. Procedures and special resources are included and identified in the disaster plan. Annual, multi-jurisdictional, disaster drills are conducted to assess the effectiveness of established written procedures and outside special resources. All requests for assistance from the State are in accordance with the California Public Health and Medical Emergency Operations Manual procedures and accomplished through the Response Information Management System (RIMS). The EMS Agency participates in Quarterly MHOAC Sitrep Report drills to the Region IV RDHMS, CDPH, and the EMS Authority Duty
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard:

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based upon community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
 - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Current Status:

There are no eligible pediatric facilities in El Dorado County. El Dorado County's pediatric emergency medical and critical care system plan is met by transferring seriously ill or injured children to a regional designated pediatric intensive care center. Additionally, we are encouraging both Acute Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard.

Objective 1.27:

Continue to review and evaluate pediatric critical care. Work with both Base Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).

Time Frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

Communications

Resource Management

Standard:

3.10 The local EMS system shall have functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

Recommended Guideline:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand

Current Status:

El Dorado County currently provides functionally integrated dispatch for emergency services coordination, using standardized communication frequencies and procedures. The local EMS Agency currently ensures system-wide ambulance coverage during peak demand as specified in ambulance and dispatch agency contracts. El Dorado County Frequencies that operate on MedNet have been narrow banded.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 3.10:

Continue to monitor ambulance communications during periods of peak demand.

Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

Facilities and Critical Care

Pediatric Emergency Medical and Critical Care Systems

Standard:

- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
- a) the number and role of system participants, particularly of emergency departments,
 - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
 - c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other critical care centers,
 - d) identification of providers who are qualified to transport such patients to a designated facility,
 - e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
 - f) the role of non-pediatric critical care hospitals including those which are outside of the primary triage area, and
 - g) a plan for monitoring and evaluation of the system.

Current Status:

Specific prehospital guidelines have been established for the treatment of seriously ill or injured pediatric patients. Local hospitals have established procedures for transferring critically ill pediatric patients after stabilization. There is no designated pediatric critical-care center in El Dorado County. There is, therefore, no formal "pediatric emergency medical and critical care system plan." We are encouraging both Acute Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

None identified.

Objective 5.10:

Work with both Base Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).

Time Frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

Facilities and Critical Care

Pediatric Emergency Medical and Critical Care Systems Standard:

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agencies shall ensure input from the prehospital and hospital providers and consumers.

Current Status:

El Dorado County does not have a pediatric emergency medical and critical care system. We are encouraging both Acute Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

None identified.

Objective 5.12:

Work with both Base Hospitals, prehospital agencies and consumers to assist in EDAP certification process.

Time Frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and

identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider-based QI/QA programs and shall coordinate them with other providers.

Recommended Guideline:

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

Current Status:

The EMS Agency, through its .5 PT QA positions, provides ongoing system wide quality assurance. The Agency will be transitioning to a new Trauma Registry System, Trauma One, to capture state-required data elements, and to produce reports for the purpose of QA/QI. The QA/QI program is designed to address compliance with policies, procedures and protocols, identification of preventable morbidity and mortality, and assures conformance to state standards and guidelines. Peer review QA is conducted for all patient contacts.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 6.01:

Continue the comprehensive continuous quality improvement plan for County of El Dorado EMS system evaluation and enhancement. Compile EMS data from all system participants, analyze data and identify trends, and implement action plans as required for future system wide quality improvement initiatives. Work on collecting and using Core Measure Data in accordance with EMSA Publication #166.

Time frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

Data Collection and System Evaluation

Standard:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

Current Status:

EMS system evaluations are performed by EMS Agency personnel through continuous interactions with the base hospitals, prehospital transport contractors, first responder agencies, and other emergency service contractors. The EMS system resources in El Dorado County are adequate to meet system requirements, standards, and guidelines.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Working towards Standard.

Objective 6.06:

Evaluate and report on the status of EMS system resources and operations through the annual update of the EMS Plan and Trauma Plan. Provide an annual updated CQI Program to the EMS Authority in accordance with Title 22 § 1000404 utilizing Core Measure data as listed in EMSA #166.

Time frame for Objective:

☒ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

Disaster Medical Response

Standard:

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

Recommended Guideline:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

Current Status:

Specific components of the OES Region IV disaster plan address requests for assistance from agencies outside the County. Procedures and special resources are included and identified in the disaster plan. Annual, multi-jurisdictional, disaster drills are conducted to assess the effectiveness of established written procedures and outside special resources. All requests for assistance from the State are in accordance with the California Public Health and Medical Emergency Operations Manual procedures and accomplished through the Response Information Management System (RIMS). The EMS Agency participates in Quarterly MHOAC Sitrep Report drills to the Region IV RDHMS, CDPH, and the EMS Authority Duty Officer.

Coordination with other EMS Agencies:

Not applicable for this Standard.

Need(s):

Meets Standard and Recommended Guideline.

Objective 8.06:

Continue to enhance the level of disaster preparedness and rehearsal.

Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2013-14

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: El Dorado

- | | |
|---|------|
| A. Basic Life Support (BLS) | N/A |
| B. Limited Advanced Life Support (LALS) | N/A |
| C. Advanced Life Support (ALS) | 100% |

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency**
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: Health Services Program Manager II**

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	<u> X </u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u> X </u>
Enforcement of ambulance service contracts	<u> X </u>
Operation of ambulance service	<u> X </u>
	(under a PUM)

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: <u> </u>	
Other: <u> </u>	
Other: <u> </u>	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	336,624.90
Contract Services (e.g. medical director)		_____
Operations (e.g. copying, postage, facilities)		163,416.21
Travel		4605.00
Fixed assets		3500.00
Indirect expenses (overhead)		49,973.60
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		370,294.00
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____

TOTAL EXPENSES	\$	921,913.71
-----------------------	-----------	-------------------

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant

\$

Office of Traffic Safety (OTS)

State general fund

County general fund

547,914.71

Other local tax funds (e.g., EMS district)

County contracts (e.g. multi-county agencies)

Certification fees

3,705.00

Training program approval fees

Training program tuition/Average daily attendance funds (ADA)

Job Training Partnership ACT (JTPA) funds/other payments

Base hospital application fees

Trauma center application fees

Trauma center designation fees

Pediatric facility approval fees

Pediatric facility designation fees

Other critical care center application fees

Type: _____

Other critical care center designation fees

Type: _____

Ambulance service/vehicle fees

Contributions

EMS Fund (SB 12/612)

370,294.00

Other grants: _____

Other fees: _____

Other (specify): _____

TOTAL REVENUE

\$

921,913.71

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN.

Table 2 - System Organization & Management (cont.)

7. Fee structure

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$10.00
EMS dispatcher certification	N/A
EMT-I certification	\$10.00
EMT-I recertification	\$10.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$10.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$10.00
MICN/ARN recertification	\$10.00
EMT-I training program approval	\$0
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$0
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	\$ 295.00
Other: <u>Contract Application Fee</u>	<u>\$ 500.00</u>
Other: <u>Wheelchair - G/V Application Fee</u>	<u>\$ 250.00</u>
Other: <u>Wheelchair - G/V Permit Fee</u>	<u>\$ 45.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$54.57	24.91%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$93.77	2.35%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$30.03	17.81%	
QA/QI Coordinator	QA Coordinator	0.5	\$32.37	3.71%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	N/A				
Data Entry Clerk	N/A				
Other	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2013-14

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	328	N/A		66
Number newly certified this year	70	N/A		9
Number recertified this year	258	N/A		57
Total number of accredited personnel on July 1 of the reporting year	0	N/A	164	0
Number of certification reviews resulting in:				
a) formal investigations	15	N/A		0
b) probation	10	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	3	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	10	N/A	0	0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
b) Number of public safety (defib) certified (non-EMT-I)

160 Approx.
Unknown

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2013-14

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
-

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2013-14

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2013-14

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>874</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>636</u>
3. Number of major trauma patients transferred to a trauma center	<u>874</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>02</u>
4. Number of comprehensive emergency services	<u>N/A</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2013-14

County: EL DORADO

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Several sites county wide

b. How are they staffed? Volunteers & county employees, CERT, MRC

c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No

2. CISD

Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No

3. Medical Response Team

a. Do you have any team medical response capability? ☐ Yes ☒ No

b. For each team, are they incorporated into your local response plan? ☐ Yes ☐ No

c. Are they available for statewide response? ☐ Yes ☐ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☐ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No

b. At what HazMat level are they trained? First Responder Operations

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 03
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.
None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health and Human Services Director
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?
N/A
☐ Yes ☐ No

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

Note: Table 8 is to be completed for each service agency by county. Make copies as needed.

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. **Response Zone:** County Service Area No. 7 and 3.
(The entire County)

Address: 1901 Airport Blvd. **Number of Ambulance Vehicles in Fleet:** 1
South Lake Tahoe, CA 96150
Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal Explain: _____	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	---	---

Transporting Agencies

Total number of responses _____
 Total number of transports _____
 Number of emergency responses _____
 Number of emergency transports _____
 Number of non-emergency responses _____
 Number of non-emergency transports _____

Air Ambulance Services

371 _____
 Total number of responses
 371 _____
 Number of emergency responses
 0 _____
 Number of non-emergency responses
 240 _____
 Total number of transports
 240 _____
 Number of emergency transports
 0 _____
 Number of non-emergency transports

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

Note: Table 8 is to be completed for each service agency by county. Make copies as needed.

County: EL DORADO Service: County of El Dorado under the PUM. The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. Response Zone: County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917
South Lake Tahoe, CA 96158

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (530) 577-3737

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Level of Service: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport </div> <div> <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit </div> <div> <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT </div> <div> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water </div> </div>			
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>JPA</u>		If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

2516 Total number of transports
 2102 Number of emergency transports
 414 Number of non-emergency transports

Air Ambulance Services

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

Note: Table 8 is to be completed for each service agency by county. Make copies as needed.

County: EL DORADO **Service Agency:** County of El Dorado under the PUM. The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District. **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 222 Fairway Drive
Tahoe City, CA 96145

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (530) 583-6913

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

64 Total number of responses
 64 Number of emergency responses
 0 Number of non-emergency responses

42 Total number of transports
 42 Number of emergency transports
 0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

Note: Table 8 is to be completed for each service agency by county. Make copies as needed.

County: EL DORADO **Service Agency:** County of El Dorado under the PUM. The County contracts for transportation and dispatch services with the El Dorado County Emergency Services Authority. **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 19

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>JPA</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	---	---	---

Transporting Agencies

12652 Total number of responses
10771 Number of emergency responses
1981 Number of non-emergency responses

10246 Total number of transports
8521 Number of emergency transports
1725 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center

Telephone Number: (530) 622-1441

Address: 1100 Marshall Way

Placerville, CA 95667

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--	--

Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital

Address: 2170 South Avenue

South Lake Tahoe, CA 96150

Telephone Number: (530) 541-3420

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<table border="1"> <tr> <td data-bbox="1044 1598 1222 2053"> <u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td data-bbox="1044 1079 1222 1598"> <u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>				<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No				

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

El Dorado County Training		Telephone Number:	(530) 919 0516
Training Institution:	Officers		
Address:	1707 Karen Way		
	Placerville, CA 95667		
Student Eligibility*:	* Open to public	**Program Level	EMT
	Cost of Program:		
	Basic: \$350	Number of students completing training per year:	
	Refresher: \$75	Initial training:	125
		Refresher:	150
		Continuing Education:	150
		Expiration Date:	November 15 th 2014
		Number of courses:	14
		Initial training:	6
		Refresher:	8
		Continuing Education:	N/A

El Dorado County Training		Telephone Number:	(530) 919 0516
Training Institution:	Officers		
Address:	1707 Karen Way		
	Placerville, CA 95667		
Student Eligibility*:	* Open to public	**Program Level	First Responder
	Cost of Program:		
	Basic: \$0	Number of students completing training per year:	
	Refresher: \$0	Initial training:	20
		Refresher:	40
		Continuing Education:	N/A
		Expiration Date:	November 15 th 2014
		Number of courses:	4
		Initial training:	2
		Refresher:	4
		Continuing Education:	N/A

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Marshall Medical Center</u>		Telephone Number: <u>(530) 626 2770 Ext. 2246</u>
Address: <u>Marshall Way</u>		
<u>Placerville, CA 95667</u>		
Student Eligibility*: <u>Restricted to qualified RN's</u>	Cost of Program:	**Program Level <u>MICN</u>
	Basic: <u>\$400/Student</u>	
	Refresher: <u>\$1000/Instructor</u>	
		Number of students completing training per year:
		Initial training: <u>11</u>
		Refresher: <u>45</u>
		Continuing Education: <u>45</u>
		Expiration Date: <u>October 31st 2014</u>
		Number of courses: <u>1</u>
		Initial training: <u>1</u>
		Refresher: <u>1</u>
		Continuing Education: <u>1</u>

Training Institution: <u>Lake Tahoe Community College</u>		Telephone Number: <u>(530) 541 4660</u>
Address: <u>1 College Drive</u>		
<u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*: <u>* Open to public</u>	Cost of Program:	**Program Level <u>EMT</u>
	Basic: <u>\$302.25</u>	
	Refresher: <u>\$104.75</u>	
		Number of students completing training per year:
		Initial training: <u>125</u>
		Refresher: <u>40</u>
		Continuing Education: <u>N/A</u>
		Expiration Date: <u>September 30th 2017</u>
		Number of courses: <u>5</u>
		Initial training: <u>3</u>
		Refresher: <u>N/A</u>
		Continuing Education: <u>N/A</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name: <u>CAL FIRE (California Department of Forestry)</u>		Primary Contact: <u>Dave Wood, Battalion Chief</u>	
Address: <u>2840 Mt. Danaher Rd.</u>			
<u>Camino, CA 95709</u>			
Telephone Number: <u>(530) 647-2345</u>			
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/>	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	14 EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
			<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			
Explain: <u>CAL FIRE</u>			

Name: <u>South Lake Tahoe Police Department</u>		Primary Contact: <u>Susan Keast, Dispatch Supervisor</u>	
Address: <u>1420 Johnson Blvd.</u>			
<u>South Lake Tahoe, CA 96150</u>			
Telephone Number: <u>(530) 542-6110</u>			
Written Contract:	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Day-to-Day <input checked="" type="checkbox"/> Disaster <input type="checkbox"/>	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	7 EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
			<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			
Explain: _____			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name: <u>Grass Valley Dispatch (CAL FIRE)</u>		Primary Contact: <u>Anale Burlew, Battalion Chief</u>	
Address: <u>13120 Loma Rica Drive</u>			
<u>Grass Valley, CA 95945</u>			
Telephone Number: <u>(530) 477-0641</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 13 EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other <u> </u>
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		Explain: <u>CAL FIRE</u>	

Name: _____		Primary Contact: _____	
Address: _____			
Telephone Number: _____			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other <u> </u>
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other		Explain: _____	

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

County of El Dorado EMS Agency

Area or Subarea (Zone) Name or Title:

County Service Area No. 3 – South Shore Area

Name of Current Service Agency:

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

County of El Dorado under the Public Utility Model since 1992. Transport services are contracted, after competitive bid, to the Cal Tahoe Emergency Services Operations Authority (Joint Powers Authority comprised of South Lake Tahoe Fire Department and Lake Valley Fire Protection District), effective September 1, 2011. Cal Tahoe has been under contract to provide transport services since 2001.

Area or Subarea (Zone) Geographic Description:

County Service Area No. 3 (CSA #3) – South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay).

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive Operating Area. In December 1999, the El Dorado County Board of Supervisors established an EOA and conducted a competitive bidding process in accordance with EMSA #141 for the CSA #3 – South Shore Area. On June 26, 2001, a transport and dispatch contractor was selected for the CSA #3 – South Shore Area. In February 2011, a competitive bidding process was conducted in accordance with EMSA #141. On May 3, 2011, the Board selected Cal Tahoe as the transport and dispatch contractor and authorized staff to complete Agreement 164-S1211, which was approved by the Board August 23, 2011 effective September 1, 2011.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All Emergency and Non-Emergency ground ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

A Request for Proposal process (RFP) was conducted, and at the conclusion of a competitive bidding process, on June 26, 2001 a contractor was selected. An RFP process was conducted again in 2011 and a selection was made on May 3, 2011. A copy of the last RFP is attached to this plan as Appendix D.

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

in order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

County of El Dorado EMS Agency

Area or Subarea (Zone) Name or Title:

County Service Area No. 3 – Tahoe West Shore Area (Meeks Bay area)

Name of Current Service Agency:

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

County of El Dorado under the Public Utility Model since 1990. Transport services are contracted to North Tahoe Fire Protection District (out-of-county provider) which has been in operations in CSA No. 3 - Tahoe West Shore Area since prior to 1990.

Area or Subarea (Zone) Geographic Description:

CSA No. 3 – Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay Area) excluding South Lake Tahoe Area.

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

☐ Non-Exclusive - County reserves right to allow other ambulances to cross zones of responsibility if deemed necessary for most efficient response.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Not Applicable

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Not Applicable

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

County of El Dorado EMS Agency

Area or Subarea (Zone) Name or Title:

County Service Area No. 7 – West Slope Area

Name of Current Service Agency:

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

County of El Dorado under the Public Utility Model since 1976. The County contracts for transportation and dispatch services with the El Dorado County Emergency Services Authority (formerly known as the El Dorado County Regional Prehospital Emergency Services Operations Authority).

Area or Subarea (Zone) Geographic Description:

CSA #7- West Slope Area as set forth in official records of El Dorado County (western portion of El Dorado County)

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive. On August 16, 2011, the El Dorado County Board of Supervisors created an Exclusive Operating Area in CSA #7 and grandfathered the County as the exclusive provider for all emergency ambulance services, and non-emergency and interfacility ambulance transport services that both originate in and terminate in, CSA #7, pursuant to California Health and Safety Code section 1797.224

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

All emergency ambulance services and non-emergency and interfacility ambulance transport services that both originate in and terminate in, CSA #7.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If Grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If Competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The following facts are provided to identify the scope and manner of service for exclusivity:

(1) Since prior to January 1, 1981, and continuing without interruption through the present, the County of El Dorado ("County") has operated emergency ambulance transport services and certain non-emergency interfacility transport services continuously under a Public Utility Model in County Service Area #7.

(2) Since prior to January 1, 1981, and continuing without interruption through the present, County has maintained full control over all the required elements of the provision of emergency medical services under a Public Utility Model, inclusive of

administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency. At all times County has provided funding, set transport fees, provided billing and collection services and billed under the County's own Medicare and Medi-Cal number in accordance with this Public Utility Model. County either itself employed ambulance staff, owned ambulances, provided dispatch, and purchased rolling stock or contractually arranged for the items through direct contract between the County and fire districts, or the joint powers authority created by the fire districts.

(3) On September 1, 1996, the fire districts formed a more comprehensive joint powers authority named the El Dorado County Regional Prehospital Emergency Service Operations Authority ("Fire Districts JPA"). The fire districts were authorized to form a joint powers authority pursuant to Government Code section 6500 et seq, and to continue to engage in contracts that they had previously engaged in before forming the Fire Districts JPA.

(4) The formation of the Fire Districts JPA by the individual fire districts did not alter or change the manner or scope of County's provision of emergency medical services through the Public Utility Model. The County maintained full control over the administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency, and continued to provide funding, set transport fees, provide billing and collection services and billed under the County's own Medicare and Medi-Cal number, while contracting directly with the Fire Districts JPA for certain transport and dispatch items/services. The fire districts continued to provide the same items/services through the JPA that they had previously provided under direct contract to the County prior to the centralized contract through the Fire Districts JPA.

(5) The County's provision of emergency ambulance transport services has been de facto exclusive since prior to January 1, 1981 even though the County, up until this time, had not created or designated CSA #7 as an Exclusive Operating Area. Since January 1, 1981 to present, the County's EMS Agency has not received a substantially complete application from, and has not granted a permit or contract to, a qualified ambulance transport service provider demonstrating an intent and ability to provide safe, competent and quality service within the confines of local, State and federal rules, regulations and procedures for emergency ambulance transport service.

(6) The County's provision of non-emergency and interfacility ambulance transport services, both originating in and terminating in, the County has been de facto exclusive since prior to January 1, 1981 even though the County, up until this time, had not created or designated CSA #7 as an Exclusive Operating Area. The County's Ordinance Code Section 8.74, entitled *County Emergency Medical Service and Medical Transportation*, requires an ambulance transport service provider to apply for a contract or permit, whichever is required, in order to provide service within the County. Since January 1, 1981 to present, the County's EMS Agency has not received a substantially complete application from, and has not granted a permit or contract to, a qualified ambulance transport service provider demonstrating an intent and ability to provide safe, competent and quality service within the confines of local, State and federal rules, regulations and procedures for non-emergency and interfacility ambulance transport services originating within and terminating in the County.

(7) In 1999, the County's Board of Supervisors determined (i) that there were no other providers, other than the County, that were eligible to assert "grandfather" status pursuant to Health and Safety Code section 1797.224, (ii) that no fire district or city within El Dorado County CSA #7 was eligible to assert provider status pursuant to Health and Safety Code section 1797.201, and (iii) that the County could be "grandfathered" as the exclusive provider for CSA #7 for emergency ambulance transport services pursuant to Health and Safety Code section 1797.224. There are no new facts or evidence that would alter these conclusions or support their reconsideration.

(8) Since January 1, 1981, and continuing without interruption through the present, there has been no change in the manner or scope in which the County, under the Public Utility Model, has been providing emergency ambulance transport services within CSA#7.

(9) Since January 1, 1981, and continuing without interruption through the present, there has been no change in the manner or scope in which the County, under the Public Utility Model, has been providing non-emergency and interfacility ambulance transport services that both originate in and terminate in the County within CSA #7.

(10) CSA #7 has, by Board of Supervisors action, been appropriately created as an Exclusive Operating Area pursuant to California Health and Safety Code section 1797.224.

(11) No competitive process is required to select a provider under California Health and Safety Code section 1797.224 if the County's EMS Plan continues the use of an existing provider in the same manner and scope in which services have been provided without interruption since January 1, 1981.

(12) Therefore, County, having been providing emergency ambulance transport services and non-emergency and interfacility ambulance transport services both originating in and terminating within the County, under a Public Utility Model continuously and without interruption since January 1, 1981, is eligible to be, is hereby and will continue to be, the exclusive ambulance transport provider for said services within CSA #7.